



Waste Evaluation Application Package {Rule Reference 1200-1-7-.01(4)}

The following documents are included in this Waste Evaluation Application Package:

1. Waste Evaluation Application
2. Waste Evaluation Fee Worksheet
3. Solid Waste Management Field Office Location Map

INSTRUCTIONS FOR COMPLETING WASTE EVALUATION PROCESS

A separate application, worksheet and fee of \$250 must be submitted for each waste stream.

I) Waste Evaluation Application

1. Complete the Waste Evaluation Application. ALL topics/questions must be addressed and completed before the application can be evaluated.
2. Attach laboratory analysis of the waste as appropriate and/or applicable Material Safety Data Sheets to the Waste Evaluation Application.
3. Mail the completed Waste Evaluation Application to the proper FIELD OFFICE in the region of your proposed disposal/processing facility as shown on the attached location map with mailing addresses. (Please remember that the fee and the completed fee form are mailed to a separate address as described below.)

II) Waste Evaluation Fee Worksheet

1. Complete the Waste Evaluation Fee Worksheet answering ALL questions.
2. Attach check for \$250 made payable to the Treasurer, State of Tennessee.
3. Mail check and Waste Evaluation Fee Worksheet to the address below:

State of Tennessee
Department of Environment and Conservation
Division of Fiscal Services – Fee Section – SWM
401 Church Street 7th Floor Annex
Nashville, TN 37243



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
WASTE EVALUATION APPLICATION

PLEASE COMPLETE ALL QUESTIONS

Official Use Only

SPC ID # _____

1. GENERATOR INFORMATION.

(A) Facility Name: _____
Mailing Address: _____

Zip Code: _____
Phone: (_____) _____
(B) Physical Location: _____
County: _____
Phone: (_____) _____
(C) Nature of Business: _____
Technical Contact: _____
Title: _____
Phone: (_____) _____

2. UNDER TENNESSEE'S RULES GOVERNING HAZARDOUS WASTE MANAGEMENT, IS THE WASTE:

	YES	NO
A) IGNITABLE?	<input type="checkbox"/>	<input type="checkbox"/>
B) CORROSIVE?	<input type="checkbox"/>	<input type="checkbox"/>
C) REACTIVE?	<input type="checkbox"/>	<input type="checkbox"/>
D) TCLP HAZARDOUS?	<input type="checkbox"/>	<input type="checkbox"/>
E) IS IT A LISTED HAZARDOUS WASTE?	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Waste Code(s): _____

RULE 1200-1-11-.03(1)(b) - A person who generates a waste must determine if that waste is a hazardous waste.

3. NAME AND/OR DESCRIPTION OF WASTE: _____

4. WASTE CHARACTERIZATION. Attach laboratory reports and/or material safety data sheets to adequately characterize the waste or explain why this is not necessary.

Describe any Special Handling Procedures: _____

pH (if applicable) _____ Radioactive (Y/N) _____

Flash Point (if applicable) _____ Infectious (Y/N) _____

Physical State: Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐

Color: _____ Percent Solid: _____

Attachment Included (Y/N) _____

5. DESCRIBE HOW WASTE IS GENERATED (Be Specific).

(A)
Rate of Waste "Generation": Quantity _____
Type Units: Tons ☐ cy ☐ lbs ☐ Other _____
(specify)
Frequency of Generation: One Time ☐ Daily ☐ Weekly ☐
Monthly ☐ Annually ☐ Other ☐ _____
(specify)

(B)
Rate of Waste "Disposal": Quantity _____
Type Units: Tons ☐ cy ☐ lbs ☐ Other _____
(specify)
Frequency of Disposal: One Time ☐ Daily ☐ Weekly ☐
Monthly ☐ Annually ☐ Other ☐ _____
(specify)

CONTINUED ON REVERSE

5. (continued)

(C) Include a narrative and a flow diagram of the process that generates the waste. Your explanation must describe the **POTENTIAL** contaminants in the waste which should justify your scope of constituents in Item 3. Include attachments as necessary.

Attachment Included (Y/N)_____

6. HOW IS WASTE PRESENTLY MANAGED?

7. DESCRIBE THE TYPE OF CONTAINER USED FOR TRANSPORT OF WASTE.

Drums ☐ Roll-Off ☐ Container (dumpster, collector box) ☐ Plastic Bags ☐ Truck ☐ Other _____

8. PROPOSED DISPOSAL / PROCESSING FACILITY. List only a facility that you have contacted and which has agreed to accept your waste if approved by the Department.

(A) Facility Name: _____
(B) Facility Permit Number: _____
(C) Facility Operator / Contact Name: _____
Phone: (_____) _____

9. PROPOSED TRANSPORTER.

Name: _____
Address: _____
Phone: (_____) _____

10. I hereby certify that the above information is true and accurate to the best of my knowledge.

Waste Generator's Authorized Signature:

Preparer's Signature (If Different):

Date

Date

Official Use Only

Reviewer's Signature

Date Reviewed

Send originals with attachments to the Solid Waste Environmental Assistance Center for the region in which the facility listed in Item 8 above is located.